

STATE OF MICHIGAN
401(K) AND 457 PLANS
DESIGNATION OF BENEFICIARY FORM

Social Security Number _____ — _____ — _____

Participant Information

Name: _____
Last First Initial

☐ **Change of Address**

Address: _____
Street
City State Zip

Marital Status: Single ☐ Married ☐

Plan Selection

If you do not specify otherwise, this designation will apply to the 457 and the 401(k) Plans. This form is not for the Defined Benefit Plan. Please contact the Office of Retirement Services if you wish to change your beneficiary for the Defined Benefit Plan. Complete two forms if you want different beneficiaries for each plan.

I wish for my designation on the form to apply only to the:

☐ 401(k) Plan ☐ 457 Plan

Primary Beneficiary

I understand that if I am married my spouse shall automatically be my designated beneficiary under the 401(k) Plan unless I elect otherwise and my spouse consents to such election. NOTE: IF YOU ARE MARRIED, PLEASE SEE THE SPOUSAL CONSENT SECTION OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS UNDER THE 401(k) PLAN. I understand that under the 457 plan I may name anyone I wish. I hereby designate the following person or persons as primary beneficiary of my account(s) under the Plan(s) if I should die prior to the liquidation of my account.

Name: _____
Social Security Number: _____
Address: _____
Age: _____
Relationship to participant: _____
Percentage: _____

Name: _____
Social Security Number: _____
Address: _____
Age: _____
Relationship to participant: _____
Percentage: _____

Contingent Beneficiary

In the event there is no living primary beneficiary at my death I hereby designate the following person or persons as contingent beneficiary of my account:

Name: _____
Social Security Number: _____
Address: _____
Age: _____
Relationship to participant: _____
Percentage: _____

Name: _____
Social Security Number: _____
Address: _____
Age: _____
Relationship to participant: _____
Percentage: _____

When more than one beneficiary is designated, if the percentage is not specified, payment will be made in equal shares to each surviving beneficiary, or all to the last surviving beneficiary. If no beneficiary survives me, the benefit shall be payable to my estate. **Additional beneficiaries may be named as primary or contingent by attaching an additional sheet of paper.** If you wish to have each beneficiaries' share paid to their respective families rather than reverting to other beneficiaries or your estate, you must indicate to pay "per stirpes" after each name on this form. **Please See Reverse Side for Required Signatures**

DESIGNATION OF BENEFICIARY FORM (side two)

Signatures

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent beneficiaries. (NOTE: IF YOU ARE MARRIED, PLEASE SEE THE SPOUSAL CONSENT SECTION OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS UNDER THE 401(k) PLAN).

PARTICIPANT _____ DATE _____

***Consent of Spouse* For Deferred Compensation Plan II/401(k) - ONLY**

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's account under the **401(k) Plan** if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the designation of beneficiary.

I have executed this consent this _____ day of _____ 20 ____.

Signature of Participant's Spouse

A CONFIRMATION STATEMENT WILL BE MAILED TO YOU ACKNOWLEDGING THIS ELECTION.

MAIL TO:

**State of Michigan
c/o CitiStreet
P.O. Box 55497
Boston, MA 02205-5497**

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS